

Subject: [Fwd: Patent revisions] - Lance's Response to My Patent Communication
From: "Robert H. Shelton" <rhtshelton@linkonline.net>
Date: Fri, 14 Feb 1997 01:37:30 -0800
To: John Sigalos <jlsig1@airmail.net>
CC: Halden Conner <hconner1@aol.com>, "Tom G. Plaskett" <tgplaskett@aol.com>

Well John, through the magic of how fast you can get things done via email in this information age, I am forwarding you copies of the response I received from Lance to my earlier message discussing "inventor-ship". Below is a copy of his response, as well as a clip he passed along from the communication he got back from his top technical expert who's worked with us in refining what's presented on the confidential Allcare Web pages.

Lance Imburgia wrote at Thu, 13 Feb 1997 23:35:09 -0800:

Robert,

Aside from feeling you are like the "ball hog" I used to want to beat up on the basketball team, the email you sent to me earlier is acceptable and will be considered correct. (Kidding about ball hog! You are far from that.)

To protect Allcare, I made the decision to also review this with Brian so as to prevent any future comm to the contrary. I thought you would like to see a piece of his message back to me. He does not know I am showing this to you

Brian wrote:

What you've described sounds fair. Believe it or not, throughout this whole thing I've felt that Robert was always one step ahead of us...

My hat is off to you for doing such a great job on this, Robert. Hope the comments above do not lessen my ability to charge you ALOT when the funding comes in!!

Lance

John, I will leave it to your judgement as to whether you still want to have a brief call with Lance or not (213-671-1111). Please let me know if I can be of further assistance to you in these filings.

Robert

P.S. - Thanks, Lance & Brian, for your comments and your support. Hmmmm.... Ball hog, eh? Now THAT'S going to cost you when the funding comes in!!! RHS

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Subject: Patent Application

From: "Robert H. Shelton" <rhtshelton@linkonline.net>

Date: Mon, 27 Jan 1997 13:05:04 -0800

To: John Sigalos <jlsig1@airmail.net>

CC: Andrew M Hassell <cnft02a@prodigy.com>, Halden Conner <hconner1@aol.com>, "Tom G. Plaskett" <tgplaskett@aol.com>

One of the things we've discussed in the past is the importance as we start to crank up the juice on Allcare for timely filing an application that will hopefull cover "improvements" to date in the Allcare System, and in so doing, provide us with greater longevity, broader coverage, more bargaining chits to play with - and - a portion of Allcare technology that's NOT publicly disclosed.

I've been thinking about several aspects that arise in the Allcare writings which are on the Internet (behind a confidential sceen so they're not published publicly):

1) In the Physician's Schedule Helper product, the idea of interposing an after-hours means for booking appointments. To my knowledge, this is not something that's currently available and it seems like we should get something on file before we go much further.

The inventor for this would be Des Cummings at a minimum. And without much of a stretch, would add me. If we wanted to drop down one level, Brian Ng is the person who helped me flesh-out the implementation architecture whereby the call center (or Internet user) will be able to transparently work with the Physician's offices who are using widely discrepent hardware and software systems - and overcoming the fact that there is not an agreement on common industry standards but in point of fact a historical trend to NOT use common standards in order to create competitive advantage.

2) Also, the idea that with Schedule Helper, a call center operation can effectively become a dramatically improved answering service for doctores is definately new. The advantages of this are multifold, both from the patient's perspective since they get much better service when they are not feeling well AND from the doctors' perspective since they are likely to get far less middle of the night beeps and to perhaps be able to reduce their malpractice insurance costs by virtue of interposing the call center rather than risking that they wrongly delay the patient from going to the emergency room sometime when they're on the golf course and trying to balance concentrating on a good putt with not sending a capitated patient to the emergency room.

The sole inventor on this is Des Cummings. No one else has had anything to do with it other than act as his hands in writing up the idea and integrating it into the descriptive materials.

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2) In the case of Total Access, the idea that the entire process of requesting approvals, routing these to the proper party at the appropriate time and taking over the whole time consuming, irritating and yet absolutely necessary process of making certain all parties are in agreement for someone's medical records to be shared with someone else is unique in combination with a database search engine. As described in the write-up, the advantages of this combination are more than simply automating a task since the system makes protecting the legacy computer from hackers much easier to accomplish and it represents a much more secure system for making certain one's medical records are kept private than even the present system.

This last point is important because one of the knee-jerk reactions I've found that people have to the idea of computerizing medical records is that this will reduce their privacy. If we can position the Total Access product so that it actually will INCREASE their privacy compared with existing systems, this could be a real advantage from a marketing and user adoption perspective. It's very clear from the literature that there are dozens - perhaps even hundreds - of conferences each year trying to come up with standards by which computer-based patient records can be transmitted. There are numerous proposed bills before congress - both at the Federal and state level - to regulate who, at a minimum, must give authority for the release of information and concerning for what issues it can be requested or used. And I suspect that there are multiple court cases on this subject. This is a hotly contested subject area where one thing's very clear: Nobody's in agreement. The system we're proposing is designed to make it possible to proceed DESPITE there being no agreement.

I am probably the sole inventor on this. Brian Ng and Ed Russo are the two persons at Lance's shop who've most assisted in the specific architecture to carry out my basic ideas, but without discussing this with Lance, I'm unaware of anything they did that was inventive rather than implementing my idea.

3) In both Schedule Helper and Total Access, we're intending to give the Physician the ability to turn off the pointcast advertising banner, for instance in consideration of him or her paying a monthly charge for use of the service. This is stated in our writings from the marketing perspective of saying that the cost is \$25 or \$50 per month, unless the physician is willing to permit advertising, in which case it's free. But the point is that this user option to turn on or off the advertising banner, which simultaneously turns off or on a charge for the service, is something that neither Lance nor I have seen mentioned in any of the literature or any real-world implementations to date. This too may form the basis for a claim.

I am the sole inventor on this idea, and to date we've not yet done any

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design implementation effort to flesh out exactly how it will be accomplished, although I have confirmed with experts that it CAN be accomplished.

Well, John, that's it for now. Hopefully you and Andy may have an idea or two for additional invention claims that can be made based on what we've done to date. Please let us know what more we need to do in order to get something on file sooner, rather than later as I think time could be important and I feel having something on file so that we're not a single-asset company will assist us in raising venture capital.

Thanks!

Robert

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